

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522772

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	2					
4						
5						
6						
7						
8						
9	1					
10	1					
11	2					
12						
13						
14						
15	1					
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50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	19	←	←		←	
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						